## **FEC** FORM 3X 1. NAME OF COMMITTEE (in full)

1203083438

FE6AN026

## REPORT OF RECEIPTS **AND DISBURSEMENTS**

RECEIVED

For Other Than An Authorized Committee

NAME OF COMMITTEE (in full)	TYPE OR PRINT		mple: If typing, type r the lines. FE(	HATE LENTER	1
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ADDRESS (number and street)	13,7,8,0	BERKLE	Y, L,A,N,E,		
Check if different than previously reported. (ACC)	Lumbe	RITION		N.C 1283	3,6,0)- <u> </u>
2. FEC IDENTIFICATION NU	MBER ▼	CITY 🛦		STATE	ZIP CODE A
C005064	2.8	3. IS THIS REPORT	X NEW (N) OR	AMENDED (A)	
4. TYPE OF REPORT (Choose One)  (a) Quarterly Reparts:	(b) Monthly Report Due On:	Feb 20 (M2)	May 20 (M5 Jun 20 (M6)		Year Only)  Dec 20 (M12) (Non-Election
April 15 Quarterly Report (Q July 15 Quarterly Report (Q	2) (C) 12-L PRE	E-Election	Jul 20 (M7) Primary (12P) Convention (12C)	Oct 20 (M10)  General (12G)  Special (12S)	Year Only) ) Jan 31 (YE)  Runoff (12R)
October 15 Quarterly Report (Q January 31 Year-End Report (Y	3)	ort for the:		Yaayiayay aasaasaasaa	in the State of
July 31 Mid-Year Report (Non-election Year Only) (MY)	POS	Day ST-Election ort for the:	General (30G)	Runoff (30R)	Special (30S)
Termination Report (TER)		Election on	M - M - / 5 D T- D - /	Transfer and the state of the s	in the State of
5. Covering Period	† '19 '	ŽŏľŽ	through O. 6	30/20	) į Ž
I certify that I have examined the	64	/	-	rue, correct and comple	ete.
Signature of Treasurer	narion,	D. Thom	pson	Date 0 7 0	2012
NOTE: Submission of false, errone Office Use Only	eous, or incomple	ete information may su	bject the person signing	· FEG	ties of 2 U.S.C. §437g.  C FORM 3X  Rev. 12/2004